

really wants to learn about the patient and treatment history will quickly establish a good working relationship with the staff nurse.

One final point should be made regarding the expanding technology in nursing. Most nurses see this as a necessary part of providing good patient care. Physicians, like nurses, must increasingly deal with advanced technologies for which they were not trained. A new professional who has become another important member of the health care team is the person who is trained to use these technologies—for example, in catheterization, radiology and radiation therapy, and on the hospital floor.

The nurses' profession like that of physicians is going through dramatic but necessary changes. There are many problems in the health care field and many reasons for these problems. Physicians must recognize, and fortunately many do, that nursing is a profession and nurses are part of the health care team. The job is the profession, not vice versa. Dr. Lyons would do well to get another view on physician-nurse relationships.^{2,3} Nurses, like physicians, are primarily concerned with delivering the best possible patient care. When Walt Kelley's character Pogo said, "We have met the enemy and he is us," he was not referring to any single group but to all of us. Physicians, nurses and all other health personnel are part of the problem but they are also the solution.

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1. Lyons AE: The dilemma of nursing (Correspondence). *West J Med* 1982 Jan; 136:70
2. Alper PR: What we have to do to help solve the nursing crisis. *Medical Economics* 1981 Jun; 8:73-79
3. Filardi GA: Rx for RNs: Job satisfaction. *Ann Med News* 1981 Oct 23; 4

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TO THE EDITOR: The letter by Arthur J. Lyons, MD, in the January 1982 issue¹ contains some false assumptions. I would challenge Dr. Lyons to analyze these assumptions and refrain from stone throwing at other professions since his own glass house is as vulnerable and venerable.

Some of the assumptions are as follows:

(1) Registered nurses drop out of nursing faster than new graduates can enter the work force. (But, nursing has one of the highest retention rates of *all* female professions or occupations.)

(2) Linguistic usage of "they" and "their" in the letter assumes an adversarial relationship perceived and set up by the writer. (But, nursing con-

tinues to want collaboration and teamwork and may be frustrated by those whose present adversarial categories obstruct communication.)

(3) Education makes little difference in practice. (But, the medical educators are pushing for expanded curriculums and time limits in medical education.)

May I suggest that Dr. Lyons spend a workweek with a registered nurse and discern the highly sophisticated art and science of nursing where decisions can routinely mean life or death, recovering from illness or disintegration.

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REFERENCE

1. Lyons AE: The dilemma of nursing (Correspondence). *West J Med* 1982 Jan; 136:70-71

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TO THE EDITOR: I wish to express my displeasure and disagreement with the letter written by Arthur E. Lyons, MD, "The Dilemma of Nursing," in the January 1982 issue.¹ The letter does not represent the views or attitudes of the majority of physicians. Attitudes such as those expressed by Dr. Lyons can only foster enmity between physicians and nurses. Furthermore, I think analysis of dilemmas within nursing rightfully belongs to nurses. We physicians have never taken kindly to outside criticism even though we have certainly faced dilemmas within our profession. Nursing deserves the same autonomy.

Most physicians (myself included) consider nurses to be partners in health care delivery. If Dr. Lyons is not familiar with this concept, I suggest he request a report of the proceedings of the conference on collaborative practice held February 4, 1982, in Sacramento sponsored by the Joint Practice Commission of the American Medical Association and the American Nurses Association. This commission funded a demonstration project of collaborative nurse/physician practice in four hospitals in the country. In brief, the four hospitals that participated in the project reported increased work satisfaction for physicians and nurses, improved nurse retention and recruitment, a climate of confidence and trust among nurses and physicians, and enthusiastic comments from patients about their care. Certainly this is the kind of practice that we want to encourage to foster a comprehensive approach to patient care.

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